Effective December 29, 1999										Ô	9/5	S8,	137		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL TYP		ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA			RATE		FEE		RATE	FEE	
ВА	SIC FEE		,		بر سند کا د						345.00	OR		690.00	
TOTAL CLAIMS			20	minus 2	20= • (· 0			X\$ 9	=	_	OR	X\$18=		
IND	EPENDENT CL	AIMS	4	minus	3= -	· /			X39=		39	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130	_	77 1	OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							Į	TOTA		449	OR	TOTAL			
Claims as amended - Part II									OTHER THAN						
(Column 1) (Column 2) (Column 3)									SMAL	L E	ENTITY	OR	SMALL		
AMENDMENT A		REMAINI AFTER AMENDM	NG R		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDR	Total	· 20		Minus	•• <i>d</i>	Do,	= _		X\$ 9=)	OR	X\$18=		
AME	Independent	• U		Minus	ENDENT	CLAIM	= _		X39=	:		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=	,		OR	+260=		
									TOT ADDIT, F			OR	TOTAL ADDIT, FEE	7	
		(Column			(Colun		(Column 3)	,						T	
AMENDMENT B		CLAIM REMAINI AFTER AMENDM	NG R		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.20)	Minus	·2	0	= 0		X\$ 9=			OR	X\$18=		
	Independent	· 4		Minus	••• 5	L	= 0		X39=				X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										\mathcal{A}		OR			
									+130=			OB	+260=		
								,	TOT APDIT, FI			QA.	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)													•	
AMENDMENT C		CLAIM REMAINI AFTEI AMENDM	ING ·		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z OZ	Total	·20		Minus		\mathcal{O}	<i>-</i> 0		X\$ 9=	<u>.</u>		OR	X\$18=/	·	
ME	Independent	• 4	,	Minus	··· \	Z	= 0		X39=	-,			X78=		
*	FIRST PRESE	NTATION	OF MU	JLTIPLE DEF	PENDENT	CLAIM]		\mathcal{A}		OR	/		
	il the entry in any	mm 4 tm 1	M #			. moe !	h 0	Į	+130=			OR	≠ 260=		
∥ **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OP ADDIT. FEE OP ADDIT. FEE														
	If the "Highest Nu The "Highest Nun	mber Previo nber Previou	usiy Pa siy Paid	aid For IN THI d For (Total o	S SPACE i r Independ	s less tha ent) is the	in 3, enter "3." highest numbe				propriate bo				

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number